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Approved for use through 09/30/2000 OMB 0651-0032 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

## UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.		PC9985A				
First Named Inventor or Application Identifier		YOSHINOBU HASHIZUME				
Title	Aryl or heteroaryl fused imidazole compounds as anti- inflammatory and analgesic agents.					
Express Mail Label No.		FI 446402	102562US			

(Only for new nonprovisional applications under 37C F R §1 53(b)) Commissioner for Patents APPLICATION ELEMENTS ADDRESS TO: Box Patent Application See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231 Microfiche Computer Program (Appendix) \*Fee Transmittal Form (e.g., PTO/SB/17) 6. (Submit an original, and a duplicate for fee processing) Nucleotide and/or Amino Acid Sequence Submission 7. 2. Specification [Total Pages 1367 (if applicable, all necessary) (preferred arrangement set forth below) - Descriptive title of the Invention Computer Readable Copy a. Cross References to Related Applications b. Paper Copy (identical to computer copy) Statement Regarding Fed sponsored R&D Reference in Microfiche Appendix Statement verifying identity of above copies **ACCOMPANYING APPLICATION PARTS** - Background of the Invention Brief Summary of the Invention Assignment Papers (cover sheet & document(s)) 8. Brief Description of the Drawings (if filed) **Detailed Description** 37 C.F.R. §3.73(b) Statement Power of Attorney 9 Claim(s) (when there is an assignee) - Abstract of the Disclosure English Translation Document (if applicable) 10. Copies of IDS 11. Information Disclosure Drawing(s) (35 U.S.C. 11.3)[Total sheets Statement (IDS)/PTO-1449 Citations Oath or Declaration [Total pages 12. Preliminary Amendment Return Receipt Postcard (MPEP 503) 13. Newly executed (original or copy) (Should be specifically itemized) Copy from a prior application (37 CFR \*Small Entity Statement filed in prior application, §1.63(d)) (for continuation/divisional with Box 17 completed) Statement(s) Status still proper and desired [Note Box 5 below] (PTO/SB/09-12) DELETION OF INVENTOR(S) Certified Copy of Priority Document(s) 15. Signed statement attached deleting (if foreign priority is claimed) inventor(s) named in the prior application, see 37 C.F.R. §§1.63(d)(2) and 1.33(b). Other: Priority Claim Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a 60/241,825 filed 10/19/00 copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. \*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28). If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment Continuation Divisional Continuation-in-part (CIP) of prior application No: Examiner Group/Art Unit: Prior application information: CORRESPONDENCE ADDRESS 18. (Insert Customer No. or Attach bar code label here) Correspondence address below Customer Number or Bar Code Label Name Paul H. Ginsburg Address Pfizer Inc 235 East 42nd Street, 20th Floor Address State New York Zip Code 10017-5755 City New York United States Of America Telephone (212)573-2369 Fax (212)573-1939 Country ELSA DJUARDI NAME (Print/type) Registration No. (Attorney/Agent) 45,963 Date 15/15/61 Signature

PTO/SB/17(2/98)
Approved for use through 09/30/2000.
OMB 0651-0032 Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

		Complete if Known					
FEE TRANSMITTAL		Application Number			Unassigned		
	Filing Da	Filing Date			Concurrent herewith	1	
Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 2001.	First Named Inventor				YOSHINOBU HASHIZUME		
Small Entity payments <u>must</u> be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.	Examiner Name				Unassigne		
See 37 C F R. §§ 1.27 and 1 28.	Group/A	Group/Art Unit			Unassigned	⊒	
Total Amount of Payment (\$)740.00	Attorne	Attorney Docket No.			PC9985A		
METHOD OF PAYMENT (check one)				FEE CA	LCULATION (continued)	-	
1.  The commissioner is hereby authorized to charge		IONAL FE	ES Small E	ntity		- 1	
indicated fees and credit any over payments to:	Large E	Fee	Fee	Fee		-	
Deposit Account Number	Code	(\$)	Code	(\$)	Fee Description Fee Paid		
Deposit Account Name  Pfizer Inc	105	130	205	65	Surcharge – late fee or oath		
Charge Any Additional Charge the Issue Fee Set in	127	50	227	25	Surcharge–late provisional filing fee or cover sheet		
Fee Required Under 37 C F.R. § 1.18 at the Mailing	139	130	139	130	Non-English specification	ĺ	
37 C.F.R. §§ 1.16 and 1 17 of the Notice of Allowance	147	2,520	147	2,520	For filing a request for reexamination	1	
2. Payment Enclosed:	112	920*	112	920*	Requesting publication of SIR prior to		
Check Money Order Other	113	1,840*	113	1,840*	Examiner action Requesting publication of SIR after Examiner action		
FEE CALCULATION	115	110	215	55	Extension for reply within first month		
1. BASIC FILING FEE	116	400	216	200	Extension for reply within second		
	117	920	217	460	month  Extension for reply within third month		
Large Entity Small Entity Fee Fee Fee Fee Pee Description Fee Paid	117	1,440	218	720	Extension for reply within fourth month	,	
Code (\$) Code (\$)  ##61 740 201 370 Utility filing fee 740.00	128	1,960	228	980	Extension for reply within fifth month	l	
740.00 Tipe 330 206 165 Design filing fee	119	320	219	160	Notice of Appeal	1	
107 510 207 255 Plant filing fee	120	320	220	160	Filing a brief in support of an appeal		
### 740 208 370 Reissue filing fee	121	280	221	140	Request for oral hearing		
160 214 80 Provisional filing fee	138	1,510	138	1,510	Petition to institute a public use proceeding	]	
SUBTOTAL (1) (\$) 740 00	140	110	240	55	Petition to revive - unavoidable		
2-EXTRA CLAIM FEES	141	1,280	241	640	Petition to revive - unintentional	]	
Extra Fee from Claims below Fee Paid	142	1,280	242	640	Utility issue fee (or reissue)	]	
Total Claims 16 -20**= 0 x 0 = 0	143	460	243	230	Design issue fee	]	
Independent - 3**= X = X	144	620	244	310	Plant issue fee	]	
Multiple Dependent =	122	130	122	130	Petitions to the Commissioner	]	
** or number previously paid, if greater, For Reissues, see below  Large Entity Small Entity		50	123	50	Petitions related to provisional applications	]	
Fee Fee Fee Fee Description Code (\$) Code (\$)	126	180	126	180	Submission of Information Disclosure Statement	J	
103 18 203 9 Claims in excess of 20	581	40	581	40	Recording each patent assignment per property (times number of properties)	]	
102 84 42 Independent claims in excess of 3	146	740	246	370	Filing a submission after final rejection (37 CFR 1 129(a))	]	
202 104 280 204 140 Multiple dependent claim, if not paid	149	740	249	370	For each additional invention to be examined (37 CFR 1 129(b))	]	
109 84 209 42 **Reissue independent claims over original patent	Other	Fee (speci	ify)			$]_i$	
110 18 210 9 **Reissue claims in excess of 20 and over original patent	Other	Fee (speci	ify)			]	
SUBTOTAL (2) (\$) 0	*Redu	*Reduced by Basic Filing Fee Paid			SUBTOTAL (3) (\$)		
SUBMITTED BY		<del></del>			Complete (if Applicable)	_	
Type or Printed Name ELSA DJUARDI			***		Reg. Number 45,963		
Signature Gladuch	Date	SION	-		Deposit Account User ID		
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